



## **City of Providence**

## **Benefits At A Glance**

## Teaching Assistants and Bus Monitors

You may find additional information related to all core and voluntary benefits provided by the City on the City's website at <a href="www.providenceri.gov/hr/benefits">www.providenceri.gov/hr/benefits</a>, or you may contact the Benefits Office with questions via email to <a href="mailto:benefits@ppsd.org">benefits@ppsd.org</a> or via phone at 401-680-5281. For additional information about union-offered benefits, contact Vicki Virgilio at 401-331-1033.

| Benefit Information |   |                     |                  |  |
|---------------------|---|---------------------|------------------|--|
| Core                | Provided by City                                | Employee Cost (b    | (biweekly)       |  |
|                     | Medical/Non-Oral Pharmacy                       | < \$45,702 salary   | Ind: \$47.69     |  |
|                     | (Blue Cross and Blue Shield of RI, CVS          |                     | Family: \$119.42 |  |
|                     | Caremark (non-oral medications)                 | > \$45,703 but      | Ind: \$52.46     |  |
|                     | Maxor Plus (oral medications) provided by Union | < \$54,106 salary   | Family: \$131.36 |  |
|                     |   | > \$54,107 salary   | Ind: \$63.59     |  |
|                     |   |                     | Family: \$159.23 |  |
|                     | Basic Life (Lincoln Financial) - \$10K          | No cost to employe  | /ee              |  |
|                     | policy  |                     |                  |  |
|                     | Provided by Union                               |                     |                  |  |
|                     | Dental (Delta Dental)                           | No cost to employee |                  |  |
|                     | Vision (EyeMed)                                 | No cost to employe  | ee               |  |
| Voluntary           | Provided by City                                |                     |                  |  |
|                     | FSA   | Based on Election   |                  |  |

- Acceptable documentation for enrolling dependents:
  - o Children Birth Certificate
  - o Spouse Marriage Certificate
  - o Ex-Spouse Divorce Decree

| Time Off            |  |  |  |
|---------------------|--|--|--|
| Vacation            | Varies depending on years of service and/or position, review appropriate contract. |  |  |
| Sick                | Varies depending on years of service and/or position, review appropriate contract. |  |  |
| Personal            | (2) Personal days per school year.   |  |  |
| Holiday<br>Schedule | https://www.providenceri.gov/hr/holidays   |  |  |